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bills, travelling expenses, etc., would soon leave them nothing. As soon as her husband was able to be left, she went back to nursing. She said that the Nurses' Association had helped her keep in touch with the new methods. She had dropped her membership when she married, but when her husband was taken sick she had joined again. Now she would never let her membership lapse under any consideration.

Often when nurses go back to their profession "to help out," they keep it up after there is no need, which is hardly fair to the nurses who have no one else to depend upon. And a married nurse's duty is to help when she can and if she is needed financially, but when she has another to support her, who can, her duty is to her home.

Second. There is the social side to consider, renewing old acquaintances, meeting new members, learning what each has to tell of what is going on in the nursing world to take one out of the ruts married women so often drift into. Be their duties many or few, the more a woman has to do the more she seems able to accomplish. To-day women who marry are not giving up membership in different clubs and associations as they did formerly, which is a very good thing as you will no doubt agree.

A nurse who has married and lives in a city or town does not realize what she misses by not keeping up her membership, for she has other things to distract her mind; but take, for instance, those who have married and gone out into the wilds, where perhaps one may pass one, two or three months and never see a white woman. Those are the nurses who appreciate their membership.

It is a comfort to know that, back in the states, you belong to a body of women who are forging to the front, uplifting their profession and advancing its standard.

SCHOOL NURSING IN TORONTO, CANADA

BY LINA L. ROGERS, R.N.
Superintendent of School Nurses

THIRD PAPER

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DUTIES OF DENTAL INSPECTOR

THE hours of duty are from 9 A.M. to 12 noon, or equivalent time in the afternoon.

He shall visit the schools to examine such urgent cases as are reported by the medical inspectors and nurses.

He shall treat cases of emergency or endeavor to have them attended to by others.

He shall give lectures to nurses, teachers, parents and children on the proper care of the teeth and such other instruction as he may deem necessary.

He shall prepare for publication and distribution such information on the care of the teeth and mouth as required by the chief medical inspector.

He shall forward a daily report to the Department of Medical Inspection, containing a record of the work performed.

DUTIES OF NURSES

Each nurse is assigned to a group of schools.

The hours of duty are from 9 A.M. to 4 P.M. and Saturday, 9 A.M. to 12 noon.

Each nurse shall prepare a time schedule for her group of schools which must be forwarded to the superintendent of nurses for approval; a copy must be given to each principal.

Each nurse must see cases referred to her by the medical inspector and deal with them as directed.

Morning Inspections and Treatments.—In a room designated for the purpose, the nurse must receive each morning all children referred to her by the medical inspector, and give instructions or treatment as follows:

Pediculosis.—Children affected with pediculosis are to be instructed as to methods of home treatment. Each child must be given a copy of the official circular entitled, "Instructions to Parents on the Care of Children's Hair and Scalp." These children are to be instructed to report to the nurse at her request, and at such times are to be examined for evidence of treatment. In instances of persistent neglect, the child is to be referred to the medical inspector for exclusion.

Eye and Skin Diseases.—Methods of treatment to be employed.

Favus.—Mild cases. Scrub with tincture of green soap and cover with flexible collodion. Severe cases. Scrub with tincture of green soap, paint with tincture of iodine and cover with flexible collodion.

Ringworm of Scalp.—Treatment as in favus.

Ringworm of Face and Body.—Wash with tincture of green soap and cover with flexible collodion.

Scabies.—Wash with tincture of green soap, and apply sulphur ointment.

Impetigo.—Remove crusts with tincture of green soap, and apply white precipitate ointment (Ammon. hydrarg.) 10 per cent.

Conjunctivitis.—Irrigate with warm solution of boric acid.

Instructions for Physical Defects.—The nurse must obtain each day

from the medical inspector a record of the physical defects of each case examined on that day. When necessary the nurse may request the parents to confer with her at the school regarding the treatment for the child. The dates of these consultations must be noted on the nurse's record copy. The nurse will note on the physical record card the nature of the treatment received from the family physician.

Emergency Cases.—In the absence of the medical inspector, the nurse will give first-aid treatment, referring all such cases as require it to the family physician. In the absence of the medical inspector, any suspected case of major contagious disease should be referred to the principal for exclusion, and should be reported immediately by telephone to the Department of Medical Inspection, giving the child's name and address. A written report must be mailed the same day.

The nurse must be ready to give any information to the principal as to the children under her care. A child must not be sent from school without the consent of the principal.

Routine Inspection.—The nurse must make a fortnightly routine inspection of the children in the class-rooms. The eye-lids, throat, skin and hair of each pupil are to be examined.

The children are to be instructed to pull down the eye-lids, open the mouth, and show the hands. Wooden tongue depressors are furnished by the department, and a separate one must be used for each child where such use is indicated. *No tongue depressor is to be used more than once under any circumstances.*

All cases of suspected minor contagious disease found are to be noted on the class record cards with the data, in appropriate columns.

The class record cards must be kept in an accessible place in each school in charge of the nurse. Code numbers or letters must be used to indicate the disease.

All suspected cases of contagious eye and skin disease found are to be referred to the medical inspector for diagnosis.

Home Visits.—When cases referred by the medical inspector have not been given treatment in a reasonable time, the nurse must visit the parents at home to explain the condition and the necessity for treatment. The nurse must give general directions regarding proper food, ventilation, cleanliness, and general hygiene. Re-visits must be made in each instance until evidence of treatment is shown, or parents refuse treatment. No case must be terminated on account of inability to obtain treatment until it has been referred to the medical inspector.

If the parents are unable to take the child to a dispensary, the nurse may do so, but must previously obtain in writing a request to that effect signed by the parent or guardian.

No visit shall be made to contagious cases.

Home visits, visits to hospital or dispensary, must be noted on the nurse's record copy. The form must then be submitted to the medical inspector who will sign it if the evidence is satisfactory.

Evidence that a child is under medical care is sufficient for terminating the case.

Meetings.—Nurses must report regularly, in person, at such times as may be designated, to the Superintendent of Nurses.

(To be continued)

LOCOMOTOR ATAXIA JOE

"A HUMAN DOCUMENT FOUNDED ON FACTS"

BY MARJORIE ALICE WATT

Metropolitan Hospital, Blackwell's Island, New York

I

JOE BROWN stood before the desk of the supervising nurse in one of the New York city hospitals. He had been a patient for nearly seven years. To-day he was going to leave—never to return, he hoped. He was still weak, standing there on his crutch and cane. His disease was an incurable one of locomotor ataxia, and—well, the medical professors who paid weekly visits to the hospital pronounced him a hopeless case. Everything that these men of science could do had been done for Joe, but to no avail.

Tremblingly he stood, his head and shoulders drooped, his pale, thin face expressionless. He was given a suit of clothes, for the wearing apparel he wore when he was first admitted was moth-eaten and destroyed. His pajamas and jacket were discarded for a blue serge of cheap material. His cotton shirt was replaced by a coarse but warm sweater, which came well up around his thin neck. His soft felt slippers were left behind. His feet were shod with a strong, second-hand pair of Congress shoes—all cast-off wearing apparel of patients who had already died and disappeared beyond the Great Divide.

For over six long years this barren citadel of gray stone had been his abiding place. Day in, day out, year in, year out, it had been the same routine.

"Good-by, Joe," the nurse said, sympathetically. "I hope you will take good care of yourself, and remember you are not strong now!" Joe had known this nurse when she first began as a probationer, then